

Docket No.: _____

DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(e)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT

官語: 英
登録番号: FP-687WO
代理人番号: K15X23PCT
- A

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name:

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: CONTACT LENS

described and claimed in international application number PCT/JP2003/013716 filed on October 27, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025;
Richard E. Rice, Reg. No. 31,560; Paul Tsou, Reg. No. 37,956; and
Eric D. Morehouse, Reg. No. 38,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,
PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Shingo	HIBINO	
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
3	Date of Signature:	April	4	2006
Residence:	Kani-shi	Month	Day	Year
Citizenship:	Japanese	City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)	c/o MENICON CO., LTD., 4-179-17, Sue-cho, Kakamigahara-shi, Gifu 509-0108 Japan			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (If any)	Given Name	Middle Initial	Family Name
	Keiji			YAMASHITA
2	Inventor's Signature:	Keiji Yamashita		Family Name
3	Date of Signature:	April	5,	2006
	Month	Day	Year	
Residence:	Nagoya-shi	Aichi	Japan	Country
Citizenship:	Japanese	State or Province	Country	
	Post Office Address: (Insert complete mailing address, including country)	c/o MENICON CO., LTD., 4-179-17, Sue-cho, Kakamigahara-shi, Gifu 509-0108 Japan		
1	Typewritten Full Name of Third Joint Inventor (If any)	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
Residence:	City	State or Province	Country	
Citizenship:	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Fourth Joint Inventor (If any)	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
Residence:	City	State or Province	Country	
Citizenship:	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Fifth Joint Inventor (If any)	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	Month	Day	Year
Residence:	City	State or Province	Country	
Citizenship:	Post Office Address: (Insert complete mailing address, including country)			

Note to Inventors: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

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